

## PMI AND SERVICING WORKSHEET - Heavy Duty

2008 Gillig Phantom (9112-9121)

### Injury Prevention

If you cannot do it safely, don't do it

|               |               |                          |                                |         |
|---------------|---------------|--------------------------|--------------------------------|---------|
| Date: 4/26-13 | Unit No: 9121 | Current Odometer: 298072 | Location Code: 57230 Snohomish | W.O. #: |
|---------------|---------------|--------------------------|--------------------------------|---------|

All items must be checked with reference to the detail included in SOP M002 and PM Manual and marked ✓ = Serviceable, X = Defective, Q = Repaired during Inspection and N/A = Not Applicable. The technician releasing the bus must print and sign their name and the Supervisor must sign the inspection sheet. Please complete in BLUE / BLACK ink and in capitals in accordance with SOP M002 and PM Manual.

The Fire Risk Assessment procedures have been added to the PMI and Servicing sheet, as indicated by the symbol "△", in order to condense and simplify the inspection process.

| SECTION 1 - Preparation and Drive On (In Lot) Inspection |  | Defect Cat. Ref. | Tech's Initial |
|--|--|------------------|----------------|
| 1.0  | Safety Inspection - Exterior Walk Around                                 | -                | CE             |
| 1.1  | Check Driver's Pre-trip or DMV/EVR & Authorization Forms △               | -                | CE             |
| 1.2  | Disconnect Amerex, Steam clean mechanical systems and engine compartment | -                | CE             |
| 1.3  | Check Condition of Operator's Area                                       | 3.12             | CE             |
| 1.4  | Check All Warning Light and Alarms △                                     | 7.13 7.14        | CE             |
| 1.5  | Check Auto Trans Neutral Safety Switch △                                 | 13.0             | CE             |
| 1.6  | Start Engine and Listen for Unusual Noises △                             | 7.01             | CE             |
| 1.7  | Check Starter Protection Circuit   | 13.0             | CE             |
| 1.8  | Check Low Air Warning Light and Buzzer                                   | -                | CE             |
| 1.9  | Check Instruments and Homs △   | 7.05 7.14 7.13   | CE             |
| 1.10   | Check Fast Idle  | -                | CE             |
| 1.11   | Check Air Compressor Governor Setting △                                  | 4.08             | CE             |
| 1.12   | Check Air Pressure Leakage △   | 4.00             | CE             |
| 1.13   | Check Air Dryer Drain Valve △  | 4.00             | CE             |
| 1.14   | Check Steering Wheel, Column and Operation                               | 11.0 11.01 11.02 | CE             |
| 1.15   | Check Reverse Warning System   | 7.07             | CE             |
| 1.16   | Inspect Windshields, Mirror and Sun Visor Condition △                    | 3.05 3.34        | CE             |
| 1.17   | Check Wiper and Washer Operation   | 3.35             | CE             |
| 1.18   | Check defroster and auxiliary fan operation                              | -                | CE             |
| 1.19   | Check run box and destination sign operation and mounting                | 3.25             | CE             |
| 1.20   | Check Fare Box, ORCA, and Init systems operation and Mounting            | -                | CE             |
| 1.21   | Check PA System and 2-way radio operation and mounting.                  | -                | XCE            |
| 1.22   | Check Door Operation including emergency release                         | 3.32             | CE             |
| 1.23   | Check Door Interlock System,   | 3.32             | CE             |
| 1.24   | Check the Knee System  | -                | CE             |
| 1.25   | Check Operation of All Other Accessories                                 | -                | CE             |
| 1.26   | Check Wiring Under Dash △  | 7.12 7.13 7.14   | CE             |

| SECTION 2 - Interior Circle Inspection |   | Cat. Ref.      | Tech's Initial |
|--|---|----------------|----------------|
| 2.1                                    | Check Passenger Doors - Open and Close, check door speed.   | 3.32           | CE             |
| 2.2                                    | Inspect Seats, Hand Rails, interior panels, and Floor Covering  | 3.16 3.17 3.18 | CE             |
| 2.3                                    | Check Interior Lights - installation, security and wiring △   | 7.08           | CE             |
| 2.4                                    | Check Interior Electrical Panels △  | 7.12 7.13      | CE             |
| 2.5                                    | Check Stop Request System   | -              | CE             |
| 2.6                                    | Check for Physical Damage, Water Leaks, and Graffiti  | 3.16 3.17 3.18 | CE             |
| 2.7                                    | Check for Informational and Instructional Decals  | -              | CE             |
| 2.8                                    | Check Emergency Windows and hatches, Instructional Decal and Glass Condition. Clean and lube with silicone spray. | 3.26 3.27      | CE             |
| 2.9                                    | Inspect and clean or replace heater/defroster filter  | -              | CE             |
| 2.10                                   | Check HVAC System.  | 16.08          | CE             |
| 2.11                                   | Check All Safety Equipment fire ext., first aid kit, triangles, and accident packet.                              | 3.15           | CE             |
| 2.12                                   | Check stanchions, grab rails, schedule rack, and windows/mirrors.   | -              | CE             |

| SECTION 3 - Exterior Circle Inspection |  | Cat. Ref. | Tech's Initial |
|--|--|-----------|----------------|
|--|--|-----------|----------------|

|      |   |                     |    |
|------|---|---------------------|----|
| 3.1  | Check run box and destination sign displays                               | 3.25                | CE |
| 3.2  | Inspect Mirror and Mountings △  | 3.22                | CE |
| 3.3  | Check for Physical Damage and Decals                                      | 3.01 3.21 3.29 3.81 | CE |
| 3.4  | Check Exterior Compartment Doors  | 3.31                | CE |
| 3.5  | Check Exterior Electrical Panels △  | 7.12 7.13           | CE |
| 3.6  | Check Fuel Tank Cap △   | 9.06                | CE |
| 3.7  | Check Lights and Reflectors △   | 7.07 7.10 7.11      | CE |
| 3.8  | Check driver's side window operation, clean and lube tracks.              | -                   | CE |
| 3.9  | Lubricate door linkages   | -                   | CE |
| 3.10 | Check License Plate, Permits and State Inspection Decals △                | -                   | CE |
| 3.11 | Check Wiper Blade and Arm Condition. Replace worn components as required. | 3.35                | CE |
| 3.12 | Check Bicycle Rack  | -                   | CE |

| SECTION 4 - Tires and Wheel Inspection |  | Cat. Ref.         | Tech's Initial |
|--|--|-------------------|----------------|
| 4.1                                    | Inspect for Cuts and Tears                       | 15.00             | CE             |
| 4.2                                    | Check and Record Air Pressure (use form below) △ | 15.00             | CE             |
| 4.3                                    | Check Valve Stems and Caps                       | 15.00             | CE             |
| 4.4                                    | Check and Record Tread Depth (use form below)    | 15.00             | CE             |
| 4.5                                    | Check for Mismatched Tread or Casing Design      | 15.00             | CE             |
| 4.6                                    | Check Sidewall Wear                              | 15.00             | CE             |
| 4.7                                    | Check Dual Mating                                | 15.00             | YCE            |
| 4.8                                    | Check Wheels for Cracks and Loose Lugs           | 15.00 15.01 15.02 | CE             |
| 4.9                                    | Check Tires for Irregular or Alignment Wear      | 15.00             | CE             |
| 4.10                                   | Check Outer Hubs Oil Level and for Leaks △       | 10 15.00          | CE             |
| 4.11                                   | Check King Pins                                  | 1.01              | CE             |
| 4.12                                   | Check for Loose or Noisy Wheel Bearings △        | 15.02 15.03       | CE             |
| 4.13                                   | Torque wheel nuts                                | -                 | CE             |

|           |     |           |    |
|-----------|-----|-----------|----|
| 28        | 105 | 19        | 95 |
| 32nds PSI |     | 32nds PSI |    |
| 13        | 95  | 9         | 95 |
| 32nds PSI |     | 32nds PSI |    |
| 27        | 105 | 10        | 95 |
| 32nds PSI |     | 32nds PSI |    |

| SECTION 5 - Battery Inspection and Service △ |  | Cat. Ref. | Tech's Initial |
|--|--|-----------|----------------|
| 5.1  | Battery Inspection △                               | 7.09      | CE             |
|  | Record Charge Rate here: 27.79                     |           |                |
| 5.2  | Check Corrosion on Battery Cables and Hold-Downs △ | 7.09      | CE             |
| 5.3  | Remove battery cables, clean and inspect. △        | 7.09      | CE             |
| 5.4  | Load test batteries. Pass ✓ Fail △                 | 7.09      | CE             |

|     |  |      |    |
|-----|--|------|----|
| 5.5 | Check and clean battery posts. Reinstall battery cables. | 7.09 | CE |
|-----|--|------|----|

|     |   |    |
|-----|---|----|
| C.2 | Change primary and secondary fuel filters | CE |
|-----|---|----|

#### SECTION 6 - Wheelchair Lift Inspection

|      |   | Cat. Ref. | Tech's Initial |
|------|---|-----------|----------------|
| 6.1  | Operate lift through complete cycle and check for unusual noises, <del>1-sec</del> operation, and correct operation speed |           | CE             |
| 6.2  | Check platform barriers for proper operation  |           | CE             |
| 6.3  | Check sensitive edges and mats  |           | CE             |
| 6.4  | Check hydraulic hoses for leaks, chafing, or cracks   |           | CE             |
| 6.5  | Check electrical connections and routing of wires and cables  |           | CE             |
| 6.6  | Check adjustment of limit switches  |           | CE             |
| 6.7  | Lube master chain   |           | CE             |
| 6.8  | Check hydraulic pump reservoir oil level  |           | CE             |
| 6.9  | Replace hydraulic filter element (D and E only)   |           | N/A            |
| 6.10 | Clean and lube hydraulic cylinder clevis pin (E only)   |           | A              |
| 6.11 | Check chain adjustment and sprocket condition (E only)  |           | A              |
| 6.12 | Check wheelchair hold-downs for mounting and operation  |           | CE             |

#### "D" PMI SERVICING ITEMS (24,000 MILES)

|     |  | Tech's Initial |
|-----|--|----------------|
| D.1 | Complete all "B" and "C" PMI servicing items | N/A            |
| D.2 | Change Power Steering Fluid and Filter       | N/A            |

#### "E" PMI SERVICING ITEMS (48,000 MILES)

|     |   | Tech's Initial |
|-----|---|----------------|
| E.1 | Complete all "B" "C" and "D" PMI servicing items  | N/A            |
| E.2 | Change automatic transmission fluid and filter, collect oil sample  | N/A            |
| E.3 | Drain and refill rear axle, collect oil sample  | N/A            |
| E.4 | Service Crankcase Breather  | N/A            |
| E.5 | Rebuild air dryer   | N/A            |
| E.6 | Change Water Filter   | N/A            |
| E.7 | Service / Inspect fire suppression system- Examine all thermostats, agent cylinders, valves, piping/hose assemblies, nozzles, alarms and auxiliary equipment. Verify that discharge network hoses are not obstructed. | A              |

#### SECTION 7 - Engine Compartment Inspection

|      |  | Cat. Ref.         | Tech's Initial |
|------|--|-------------------|----------------|
| 7.1  | Check Engine Compartment Condition for PMI / Fire Risk   |                   | CE             |
| 7.2  | Check Engine Compartment Door and Lubricate  | 3.01 3.31         | CE             |
| 7.3  | Check Engine Compartment Lights and Gauges   | -                 | CE             |
| 7.4  | Record Antifreeze-Protection Level Using Refractometer<br>Refractometer Reading <u>-40</u> ° F / C | -                 | CE             |
| 7.5  | Pressure Test Cooling System and Check for Leaks   | -                 | XCE            |
| 7.6  | Check Coolant Recovery System Condition and for Leaks  | 7.03              | CE             |
| 7.8  | Check Coolant Hose Condition   | -                 | CE             |
| 7.9  | Check Fan, Shroud and Radiator   | 8.27              | CE             |
| 7.10 | Check Alternator Mount, Condition & Wiring Connections/Routing                                     | 7.03              | CE             |
| 7.11 | Check Transmission for Leaks   | 10 13.00          | CE             |
| 7.12 | Check All Belts for Condition, Alignment and Tension   | 8.27              | XCE            |
| 7.13 | Check Exhaust System and Fire Insulation   | 8.20              | CE             |
| 7.14 | Check All Electrical Cables  | 7.12              | CE             |
| 7.15 | Check Filter Minder and Record Reading   | 8.18              | CE             |
| 7.16 | Check Intake System  | 8.18              | CE             |
| 7.17 | Inspect Operation of Fire Alarm  | -                 | CE             |
| 7.18 | Inspect Turbocharger and Blower  | 10 B.16           | CE             |
| 7.19 | Inspect Air Compressor Mounting and Lines  | 4.07              | CE             |
| 7.20 | Check Air Supply Plumbing  | -                 | CE             |
| 7.21 | Check Power Steering and Hydraulic Fluid   | 10 11.08<br>11.09 | CE             |
| 7.22 | Check All Engine or Bell Drive Systems   | B.27              | XCE            |
| 7.23 | Check for Oil Leaks  | 10                | XCE            |
| 7.24 | Check Compressor Oil Level and Check for Leaks   | -                 | CE             |
| 7.25 | Check A/C Compressor and Mounting  | -                 | CE             |
| 7.26 | Check A/C Hose Condition, Routing, Security and for Leaks  | -                 | CE             |

#### "B" PMI SERVICING ITEMS (6,000 MILES)

|     |  | Tech's Initial |
|-----|--|----------------|
| B.1 | Drain and Change Engine Oil, Take oil sample, Change Oil Filters | CE             |
| B.2 | Check air filter with manometer & record reading <u>3"</u>       | CE             |
| B.3 | Lubricate Chassis, and all pivoting mechanisms                   | CE             |
| B.4 | Replace or Clean A/C Filters                                     | CE             |
| B.5 | Drain Water From Fuel Water Separator (where applicable)         | CE             |
| B.6 | Use tablet to check for engine, transmission and ABS faults      | CE             |

#### "C" PMI SERVICING ITEMS (12,000 MILES)

|     |                                      | Tech's Initial |
|-----|--------------------------------------|----------------|
| C.1 | Complete all "B" PMI servicing items | CE             |

#### SECTION 8 - Steering System Inspection

|     |                              | Cat. Ref.                     | Tech's Initial |
|-----|------------------------------|-------------------------------|----------------|
| 8.1 | Check Entire Steering System | 10 11.00<br>1.01 1.02<br>1.03 | CE             |

#### SECTION 9 - Under Vehicle Inspection

|      |   | Cat. Ref.         | Tech's Initial |
|------|---|-------------------|----------------|
| 9.1  | Check Ride Height   | 12.06             | CE             |
| 9.2  | Check Air Reservoir Discharge, drain air tanks  | 4.19              | CE             |
| 9.3  | Check One-way Check Valves  | 4.19              | CE             |
| 9.4  | Check Low Air Warning /Double Check Valve - Primary   | 4.14 4.16<br>4.17 | CE             |
| 9.5  | Check Spring Brake Inversion Valve  | 4.20              | CE             |
| 9.6  | Check Air Pressure Build-Up Time  | 4.07              | CE             |
| 9.7  | Check Low Air Warning /Double Check Valve - Secondary   | 4.14 4.16<br>4.17 | CE             |
| 9.8  | Check Vibration Damper  | -                 | CE             |
| 9.9  | Check Engine and Transmission Mounts  | 8.18              | CE             |
| 9.10 | Check Starter for Proper Installation, Cable Routing and Security   | 7.01              | CE             |
| 9.11 | Check Bottom of Engine for Oil Leaks  | 10                | XCE            |
| 9.12 | Check Transmission and Breather   | 10                | CE             |
| 9.13 | Check Differential Breather and Fluid   | 10                | CE             |
| 9.14 | Check Exhaust System  |                   | CE             |
| 9.15 | Check Driveline, U-joint and Slip Yokes   | 14.01             | CE             |
| 9.16 | Check All body Mounts and Chassis Frame   | 3.59              | CE             |
| 9.17 | Check Major Ground Straps for Security, Corrosion and Correct Length  | 7.12              | CE             |
| 9.18 | Check Fuel Tank   | 9.06              | CE             |
| 9.19 | Check Suspension Components   | 12.00             | CE             |
| 9.20 | Check Brake Lining<br>- LF <u>1/4</u> RF <u>1/4</u><br>- LR <u>1/4</u> RR <u>1/4</u>  | 4.01 4.04         | CE             |
| 9.21 | Check Inner Wheel Seals for Leaks   | 10 15.02<br>15.03 | CE             |
| 9.22 | Determine If Auto Slack Adjuster Are Working and Record<br>- LF <u>1 1/4"</u> RF <u>1 1/2"</u><br>- LR <u>1 1/4"</u> RR <u>1 1/2"</u> | 4.03 4.21<br>4.30 | CE             |
| 9.23 | Check Brake Chamber Plugs and Air Valves  | 4.00 4.03         | CE             |
| 9.24 | Check Brake Hoses   | 4.00 4.20         | CE             |

#### SECTION 10 - Test Drive

|      |  | Cat. Ref. | Tech's Initial |
|------|--|-----------|----------------|
| 10.1 | Road test on prescribed course. Notify Foreman and dispatch upon departure and arrival |           | CE             |

|       |  |  |    |
|-------|--|--|----|
| 10.2  | Check all instrumentation  |  | CE |
| 10.3  | Check transmission for shift quality and retarder operation                                |  | CE |
| 10.4  | Check for unusual vibrations   |  | CE |
| 10.5  | Check steering quality   |  | CE |
| 10.6  | Test service brakes Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> |  | CE |
| 10.7  | Test parking brakes Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> |  | CE |
| 10.8  | After road test, check for leaks and recheck fluid levels                                  |  | CE |
| 10.9  | Clean steering wheel, seat, switches, and all other surfaces contacted during inspection   |  | CE |
| 10.10 | Check to make sure fire suppression system is operational                                  |  | CE |

| SECTION 11 - PMI Report Completion | Cat. Ref. | Tech's Initial |
|------------------------------------|-----------|----------------|
| 11.1 Completion of PMI Report      |           | CE             |

| SECTION 12 - Completion of PMI                  | Cat. Ref. | Tech's Initial |
|---|-----------|----------------|
| 12.1 Vehicle Returned to Predetermined Location |           | CE             |

**Preventive Maintenance Inspection (Sections 1 - 12 only):**

I confirm that I have inspected this vehicle to the items listed on this form and against the criteria as detailed in First Transit PMI documentation. The items in the above inspection have been found satisfactory other than for the items marked with an "X". This signature certifies that the inspection documented on this form "Meets or Exceeds" First Transit requirements of "US FMCSR Part 396.17-25". Defects found have been recorded for repair in the Defect Worksheet.

**Preventive Maintenance Inspection Servicing (Sections B - E only):**

I further confirm that all servicing items were completed in accordance with manufacturer and First Transit policies.

Craig Eason

PRINT VEHICLE INSPECTOR'S NAME HERE

Craig Eason 4-26-13

SIGNATURE OF VEHICLE INSPECTOR / DATE

PRINT VEHICLE INSPECTOR'S NAME HERE

SIGNATURE OF VEHICLE INSPECTOR / DATE

PRINT VEHICLE INSPECTOR'S NAME HERE

SIGNATURE OF VEHICLE INSPECTOR / DATE

[Signature] 4/29

SIGNATURE OF SUPERVISOR / DATE

NOTES:

**DHC<sup>®</sup>**  
**TEST REPORT**  
**=STARTER TEST=**  
**CRANKING VOLTS**  
**22.52V NORMAL**

**=CHARGING TEST=**  
**NO LOAD:**

MIN MAX

■■■■■ □□□□□

**LOAD:**

MIN MAX

■■■■■ □□□□□

**LOAD OFF: 27.90V**

**LOAD ON: 27.79V**

**DIODE RIPPLE**  
**RIPPLE DETECTED**  
**0.64V NORMAL**

**CLIENT:**

**TEST DATE:**

2013/04/28

17:24:51

**BY:**



Everett Wa

9951482

REPAIR ORDER # 9951482

PAGE OF

293072

|  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Road Call       | <input type="checkbox"/> ROUTINE INSP |
| <input type="checkbox"/> Driver Report   | <input type="checkbox"/> ROUTINE REP  |
| <input type="checkbox"/> Dispatch Report | <input type="checkbox"/> WARRANTY     |
| <input type="checkbox"/> Fueler Report   | <input type="checkbox"/> RECALL       |

~~W.P.M.~~

CT INSP

☐ P.M. Repairs ☐ ACCIDENT

**[ ] ACCIDENT**

Name: Kevin

Date: 4-27-13

MMW  
4/29/15

ACTUAL

C.P.M

4-27-13

81025

23

LINE#

LINE#

82-27963-600

Adult Winger Stools

Boat Wagon Shoals

WYROR SHADERS

Wipen Blatt

54018 525

First

FD 2309

oil filter

LINE#

137A-SP5

RF 7924

1990

100

4. The following are the names of the persons who have been appointed to the various committees of the Board of Directors:

1. The first part of the text discusses the importance of maintaining accurate records of all transactions, including sales, purchases, and expenses. It emphasizes that proper record-keeping is essential for determining the correct amount of tax liability and for defending against potential audits.

21511

Final E.I.I.

---

1

1

---

### Risk Assessment (RA)

Name: Craig Eason

Date: 4-26-13

Function: PM

|  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| 1. Am I trained to perform this function?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do I have the proper tools to perform this function?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are those tools in proper working order?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Do I have adequate space to perform this function without harm to myself or others? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Can I perform this function without assistance from someone else?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.

**If you Can't Do It Safely, Don't Do It!**

Corrective actions performed prior to start of function "(number and list actions)"

Comments:

Supervisor: 

**"Everybody Gets Home Safe"**

REPAIR ORDER # 107510075

# REPAIR ORDER

BUS #

PM Miles Complete

DATE \_\_\_\_\_

ODOMETER

REASON FOR REPAIR

PAGE OF

1216

5/1/13

000000

DESCRIPTION OF WORK REQUESTED

| DESCRIPTION OF WORK REQUESTED |  |
|-------------------------------|--|
| for                           |  |
| for                           |  |
|                               |  |
|                               |  |
|                               |  |

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Road Call       | <input type="checkbox"/> ROUTINE INSP |
| <input type="checkbox"/> Driver Report   | <input type="checkbox"/> ROUTINE REP  |
| <input type="checkbox"/> Dispatch Report | <input type="checkbox"/> WARRANTY     |
| <input type="checkbox"/> Fueler Report   | <input type="checkbox"/> RECALL       |
| <input type="checkbox"/> P.M.            | <input type="checkbox"/> CT INSP      |
| <input type="checkbox"/> P.M. Repairs    | <input type="checkbox"/> ACCIDENT     |

REPAIR ORDER COMPLETED BY:

Name: \_\_\_\_\_

Date: 5-1-17

### DESCRIPTION OF WORK COMPLETED

DATE WORKED \_\_\_\_\_

LINE #

# FM

ACTUAL

[illegible]

## PARTS USED

[illegible]

## PARTS USED

[illegible]

### Risk Assessment (RA)

Name: R Date: 5-1-13 Function: \_\_\_\_\_

|  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| 1. Am I trained to perform this function?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do I have the proper tools to perform this function?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are those tools in proper working order?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Do I have adequate space to perform this function without harm to myself or others? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Can I perform this function without assistance from someone else?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.

**If you Can't Do It Safely, Don't Do It!**

Corrective actions performed prior to start of function "(number and list actions)"

Comments:

Supervisor: RH

**"Everybody Gets Home Safe"**





First Transit Inc.

Everett, Wa

# REPAIR ORDER

REPAIR ORDER # \_\_\_\_\_

BUS #

DATE

PM Miles Complete

ODOMETER

REASON FOR REPAIR

PAGE \_\_\_\_ OF \_\_\_\_

9121

5-1-13

29808

DESCRIPTION OF WORK REQUESTED

PR 8A

- ☐ Road Call ☐ ROUTINE INSP  
☐ Driver Report ☐ ROUTINE REP  
☐ Dispatch Report ☐ WARRANTY  
☐ Fueler Report ☐ RECALL  
☐ P.M. ☐ CT INSP  
☐ P.M. Repairs ☐ ACCIDENT

REPAIR ORDER COMPLETED BY:

Name:

Date:

5-1-13

DESCRIPTION OF WORK COMPLETED

NO test drive did not pull, bad didn't pull  
while when breaking

DATE WORKED

LINE #

EMP. #

ACTUAL  
HRS MIN

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE#

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE#



### Risk Assessment (RA)

Name:

Date:

**Function:**

- 1. Am I trained to perform this function?**
- 2. Do I have the proper tools to perform this function?**
- 3. Are those tools in proper working order?**
- 4. Do I have adequate space to perform this function without harm to myself or others?**
- 5. Can I perform this function without assistance from someone else?**

**YES**

NO

**If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.**

**If you Can't Do It Safely, Don't Do It!**

**Corrective actions performed prior to start of function "(number and list actions)"**

**Comments:****Supervisor:**

## "Everybody Gets Home Safe"

# Defect and Repair Continuation Worksheet

Please complete in BLUE / BLACK ink and in capitals in accordance with SOP M002 and PM Manual.

|         |                                     |  |
|---------|-------------------------------------|--|
| Unit #: | All defects must be categorized as; | R = Safety/DOT out-of-service<br>Y = Deferrable until no later than next PMI<br>G = Advisory defect (i.e. paint, decals, cosmetic, etc.) |
| WO#:    |                                     | Inspector SCAR codes; S = Secure/Tighten; C = Change; A = Adjust; R = Repair   |
|         |                                     | Process Work SCARN codes; S = Secured/Tightened; C = Changed; A = Adjusted; R = Repaired N = No fault found                              |

## SELF RISK ASSESSMENT REQUIREMENTS

Have you completed a satisfactory Personal Risk Assessment? Circle YES or NO in the Repair Line Below. If the answer is "NO" stop what you are doing, complete an Injury Prevention Safety Contact sheet and see your supervisor for further instructions.

|          |             |  |                         |                        |
|----------|-------------|--|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: Turbo oil return line connection to Engine leaking oil | Circle Defect Cat. Ref. | Circle Action Required |
| 9.       |             |  | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: | OK        | YES NO |       |     |           | 5-1  |

|          |             |  |                         |                        |
|----------|-------------|--|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: Right Engine Compartment Door Missing 2 Small Sound Barriers | Circle Defect Cat. Ref. | Circle Action Required |
| 10.      |             |  | R Y G                   | S C A R                |

|                         |              |        |       |     |           |      |
|-------------------------|--------------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N    | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: | Replaced 1-0 | YES NO | 1/18  |     |           | 5-1  |

|          |             |   |                         |                        |
|----------|-------------|---|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: Pulls right when Brakes applied and when checking straight Drive alignment? | Circle Defect Cat. Ref. | Circle Action Required |
| 11.      |             |   | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: | OK        | YES NO |       |     |           | 5-1  |

|          |             |                       |                         |                        |
|----------|-------------|-----------------------|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: | Circle Defect Cat. Ref. | Circle Action Required |
| 12.      |             |                       | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: |           | YES NO |       |     |           |      |

|          |             |                       |                         |                        |
|----------|-------------|-----------------------|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: | Circle Defect Cat. Ref. | Circle Action Required |
| 13.      |             |                       | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: |           | YES NO |       |     |           |      |

|          |             |                       |                         |                        |
|----------|-------------|-----------------------|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: | Circle Defect Cat. Ref. | Circle Action Required |
| 14.      |             |                       | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: |           | YES NO |       |     |           |      |

|          |             |                       |                         |                        |
|----------|-------------|-----------------------|-------------------------|------------------------|
| Item No. | PMI Ref No. | M E B Defect Details: | Circle Defect Cat. Ref. | Circle Action Required |
| 15.      |             |                       | R Y G                   | S C A R                |

|                         |           |        |       |     |           |      |
|-------------------------|-----------|--------|-------|-----|-----------|------|
| Circle Action Taken:    | S C A R N | PRA    | Hours | WO# | Signature | Date |
| Description of Repairs: |           | YES NO |       |     |           |      |

INSPECTOR NOTE: Type of Defect M = Mechanical, E = Electrical and B = Body Defects. Select and group types of Defects together.

# **FOLLOW UP WORKSHEET**

Unit #: 9121  
PMI WO#: \_\_\_\_\_

Mileage: \_\_\_\_\_

All defects must be categorized as: R = Safety/DOT out-of-service. Y = Deferrable until no later than next PMI. G = Advisory defect (i.e. paint, decals, cosmetic, etc.)

| Item No.                | PMI Ref No. | M E B Defect Details:  | Follow Up WO # | Circle Defect Cat. Ref. |
|-------------------------|-------------|--|----------------|-------------------------|
| 1.                      |             | Inside Speakers picking up Distortion                        |                | R Y G                   |
| Description of Repairs: |             | OK L   | Initial L      | Date 5-1                |
| 2.                      |             | Right Rear Tires have 6/32nds Difference Between Them        |                | R Y G                   |
| Description of Repairs: |             | Repl/brd truck   | Initial L      | Date 5-1                |
| 3.                      |             | Coolant Tank Door Seal Leaking coolant                       |                | R Y G                   |
| Description of Repairs: |             | Repl L   | Initial L      | Date 5-1                |
| 4.                      |             | Aux. Drive and Air Conditioner Belts cracked                 |                | R Y G                   |
| Description of Repairs: |             | Repl/brd   | Initial B      | Date 5-1                |
| 5.                      |             | Air Conditioner Belt Guard Pulley Missing Bearings and Cover |                | R Y G                   |
| Description of Repairs: |             | Repl/brd   | Initial B      | Date 5-1                |
| 6.                      |             | Engine Front Cover Bottom wet with oil                       |                | R Y G                   |
| Description of Repairs: |             | OK L   | Initial L      | Date 5-1                |
| 7.                      |             | oil pan leaking oil From Seal                                |                | R Y G                   |
| Description of Repairs: |             | OK L   | Initial L      | Date                    |

INSPECTOR NOTE: Type of Defect M = Mechanical, E = Electrical and B = Body Defects. Select and group types of Defects together

I confirm that all defects are repaired in accordance with First Transit policies.

|                               |   |
|-------------------------------|---|
| Technician's Signature: _____ | Date: _____   |
| Approved By: _____            | Continuation Sheet Used: YES: <input type="checkbox"/> NO: <input type="checkbox"/> |
| Supervisor's Signature: _____ | Date: _____   |